

Outreach Program

Wisconsin Educational Services Program for the Deaf and Hard of Hearing

Elizabeth Burmaster, State Superintendent Wisconsin Department of Public Instruction

Alex H. Slappey, Director WESPDHH Marcy Dicker, Director Outreach Program

Child's NameBirth date	Telephone State Zip elephone Email ate Zip phone Email Email Email Email phone Email	Referral Submit	ted by:	Date:				 	
AddressStreet City State Zip Email School District or County of Residence School or B-3 Program child attends B-3 / Educational Contact Title TelephoneEmail Address Street City State Zip Who is on the child's educational team? Name Role Telephone Email Name Role Telephone Email Release of information received?	State Zip DelephoneEmail phone Email phone Email phone Email	Child's Name _		Birth date					
Email School District or County of Residence School or B-3 Program child attends	elephoneEmail phone Email phone Email phone Email	Parent / Guardia	an		Telephone				
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School District or County of Residence	elephoneEmail phone Email phone Email phone Email	Street		City	State		Zip		
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Name Role Telephone Email Release of information received?	phone Email	Name	Role	Telephone	Email				
Release of information received?	<u> </u>	Name	Role	Telephone	Email				
	Yes No	Name	Role	Telephone	Email				
Comments		Release of inform	nation received'	?	□ No				
~ · · · · · · · · · · · · · · · · · · ·		Comments							
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Complete form / save as attachment / return via email to:

Marcy.dicker@wesp-dhh.wi.gov or print completed form and fax to: Attn: M. Dicker @ 262-787-9501 Or mail to: M Dicker, WESP-DHH Outreach, 19601 West Bluemound Rd. Suite 200, Brookfield, WI 53045



